



# Maryland Local Care Teams and State Agency Policy: Policies for Youth with Intensive Needs in Hospital Settings

May 20, 2022

# Governor's Office of Crime Prevention, Youth, and Victim Services



- Successor to the Governor's Office for Children
- Chair the Youth Resource Coordinating Council
- Administer Local Care Team Coordinator funding from the Children's Cabinet Fund
- Provide Technical Assistance to Local Care Teams
- Not a Child-Serving Agency
- Today's Facilitator

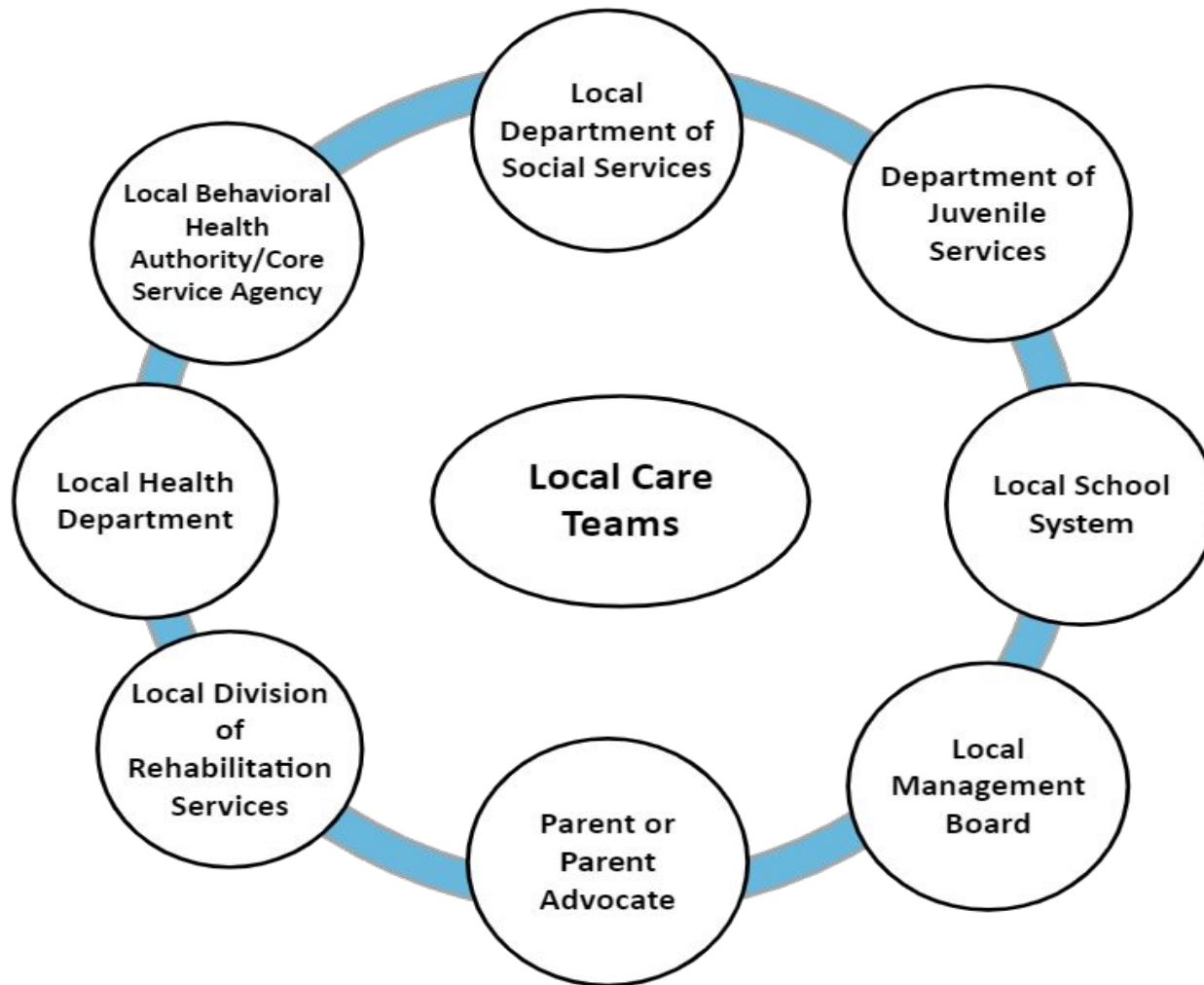
# Purpose

Coordination with local representatives is a priority to ensure that all relevant stakeholders are available to assist with services when youth enter a hospital setting.



To best enhance coordination efforts, the **goal** for today is to expand your understanding and knowledge of your partner agencies on the Local Care Team.

Through an understanding of what resources and opportunities are available, collaborative efforts can be more effectively developed and utilized.



# What is the Role of a Local Care Team?



- ✓ Provide a forum for children and families with intensive behavioral health needs
- ✓ Provide interagency problem solving to identify individual needs and potential resources
- ✓ Refer children and families to care management entities and/or available local and community resources
- ✓ Identify and share resource development needs
- ✓ Discuss a request for a Voluntary Placement Agreement

- ✗ **Make Placement Decisions**
- ✗ **Make Treatment Decisions**
- ✗ **Make Placement Referrals**
- ✗ **Approve Out-of-State Placements**
- ✗ **Make VPA Decisions**

# Role of the LCT Coordinator

- Funding from the Children's Cabinet
- Position requirements
- General responsibilities
  - Administrative
  - Meeting operations
  - Performance measures
  - Universal Hospital Discharge Planning Protocol

# Goals for the Discharge Planning Protocol



- LCTs are a single point of contact for youth in acute hospital settings (consent should be sought from parent to send packet to LCT as part of the discharge planning process)
- Promote increased collaboration with hospitals
- Timely, effective and coordinated discharge planning

# Expectations of Partners in the Process

## **Referrals: Hospitals acknowledge the LCT as the first point of contact if the protocol conditions are met.**

- ✓ If conditions are met, the hospital discharge planner/designee completes the LCT referral form and sends it electronically to the LCT coordinator in the youth's county of residence.
- ✓ The referral will also contain the hospital discharge recommendations and the psychosocial summary.
- ✓ The hospital discharge planner or designee will provide clinical recommendations and participate in the LCT meeting.



# Expectations of Partners in the Process



## Reviews:

- ✓ The Local Care Team Coordinator will respond to the referral in a timely manner
- ✓ Partners will convene and collaborate and effect timely discharge planning
- ✓ LCT Coordinators will conduct follow up with families and/or team members to ensure receipt of appropriate services

# Resources



The [Children's Cabinet](#) Page Provides the Necessary Resources:

- [Universal LCT Referral Form](#)
- [Children's Cabinet LCT Directive #3](#) Clarification Provided 3/19/21
- [Universal Hospital Discharge Planning Protocol](#) 12-16-2020
- [Local Care Team Directory](#)

# Contacts



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# Behavioral Health Administration

## MISSION

The Behavioral Health Administration, through publicly funded services and supports, promotes recovery, resiliency, health, and wellness for individuals who have, or are at risk for behavioral health disorders

# Behavioral Health Administration

## Vision

To have a comprehensive, effective and responsive Integrated Behavioral Health service delivery system that assists youth and families in achieving overall wellness to include somatic health and behavioral health. That system should be:

- Resilience and Prevention Oriented
- Individualized, Self Directed and, Family Driven with Consumer Choice
- High Quality, Evidenced Based, Cost Effective, Accessible Continuum of Services
- Integrated and Community Based
- Collaborative and Interagency in Focus
- Innovative and Comprehensive
- Culturally and Linguistically Competent

# Behavioral Health Administration

## Collaborative Partnerships:

- Local Behavioral Health Authorities (LBHA), Core Service Agencies (CSA) and/or Local Addictions Authorities (LAA)

## Objectives:

- Provide an overview of the LBHA/CSA/LAA role in Maryland
- Provide an overview of the LBHA/CSA/LAA role on an LCT
- Explain how to access LBHA/CSA/LAA representatives

# Behavioral Health Administration

Maryland Department of Health (MDH)

Behavioral Health Administration (BHA)

**Local Behavioral Health Authority (LBHA)**

**Core Service Agency (CSA)**

**Local Addictions Authority (LAA)**

Behavioral Health Providers

# Behavioral Health Administration

## What is a Local Behavioral Health Authority (LBHA)?

- An LBHA is the local authority responsible for managing grant funds for behavioral health services and providing general system oversight and management for the Public Behavioral Health System (PBHS)
- Varying Jurisdictional Structures:
  - Local Behavioral Health Authority
  - Core Service Agency and Local Addictions Authority



# Behavioral Health Administration

## Roles/Responsibilities

- **Ensures access** to a full range of quality behavioral health services
- **Advocates** for policies to advance prevention, early intervention, treatment and recovery
- **Collaborates** with system partners improve access to care
- **Strengthens communities** by supporting behavioral health and wellness

# Behavioral Health Administration

## LBHA/CSA Role on the LCT

- Provide case specific insight related to behavioral health needs
- Provide case specific recommendations to meet behavioral health needs
  - Service Types (e.g. Care Coordination, Outpatient Mental Health, etc.)
  - Treatment Types (e.g. trauma specific treatment- DBT/EMDR/ etc.; SUD Treatment Levels of Care; etc.)
- Connect with appropriate public behavioral health system providers
- Follow-up regarding complaints about specific providers
- Facilitating access to public behavioral health care

# Behavioral Health Administration

## Children and Adolescent Public Mental Health Services

- Outpatient Mental Health Clinic (OMHC)
- Targeted Case Management (TCM)
- Psychiatric Rehabilitation Program (PRP)
- Intensive Outpatient Program (IOP)
- Respite
- Applied Behavioral Analysis (ABA)
- Partial Hospitalization Program (PHP)
- Mobile Treatment Services (MTS)
- Therapeutic Behavioral Services (TBS)
- Residential Treatment Center (RTC)

# Behavioral Health Administration

## **Maryland Association of Behavioral Health Authorities (MABHA)**

Website: <https://www.marylandbehavioralhealth.org/>

Directory:  
<https://www.marylandbehavioralhealth.org/directory-draft/>

# Contact Information

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Behavioral Health Administration  
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# Maryland State Department of Education

***Maryland State Department of Education (MSDE) and the  
Maryland Local Education Agency (LEA)***



# Maryland State Department of Education

Under the leadership of the State Superintendent of Schools and guidance from the Maryland State Board of Education, the Department develops and implements standards and policy for education programs from pre-kindergarten through high school.

## Our Mission

- **BE EFFECTIVE.** Provide Every student with highly effective teachers and educational leaders.
- **BE INCLUSIVE.** Engage with parents, families and community members to improve student outcomes.
- **BE INNOVATIVE.** Integrate evolving technologies, instructional strategies, and emerging skills that enable all students to reach their fullest potential in a globally competitive environment.
- **BE ACCOUNTABLE.** Enhance learning for every student through use of objective, data-driven measures of success determined by state and national standards.
- **BE SAFE.** Promote a safe, healthy environment for students.

# Maryland State Department of Education

## Division of Early Intervention and Special Education Services

### Our Vision

All students, including students with disabilities, will be ready for school, achieve in school, and be prepared for college, career, and community living. Our ultimate vision is to close existing gaps between children with disabilities and their nondisabled peers.

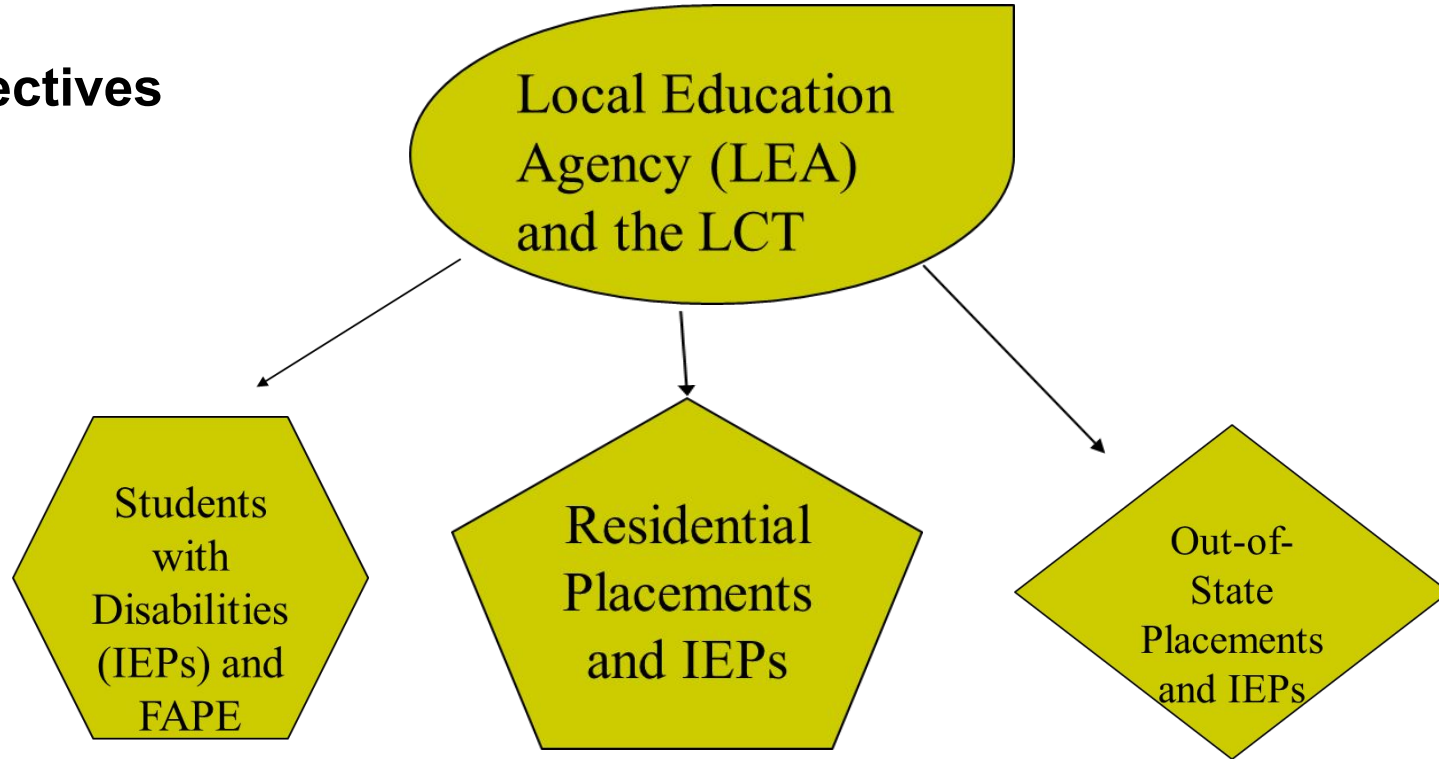
### Our Mission

- The MSDE, Division of Early Intervention and Special Education Services provides leadership, accountability, technical assistance and resource management to Local Education Agencies, Public Agencies, and stakeholders through a seamless, comprehensive system of coordinated services to children and students with disabilities, birth through 21, and their families.



# Maryland State Department of Education

## Objectives



# Maryland State Department of Education

## **LEA and the LCT**

### LEA Role as an active Local Care Team (LCT) member

- Refer students/families experiencing significant challenges which exceed the scope of responsibilities and resources of the school system
- Collaborate with sister agencies through LCT process to develop and implement total plans of care
- Collaborate with sister agencies through LCT process to identify appropriate supportive community-based services

# Maryland State Department of Education

## **Free Appropriate Public Education (FAPE)**

- The Individuals with Disabilities Education Act (IDEA)
  - IDEA is a law that makes available a free appropriate public education (FAPE) to eligible children with disabilities throughout the nation and ensures special education and related services to those children.
- Individualized Education Program (IEP)
- IEP Team Process

# Maryland State Department of Education

## **Least Restrictive Environment**

- Least Restrictive Environment (LRE)
  - The requirement in federal law that students with disabilities receive their education, to the maximum extent appropriate, with nondisabled peers and that special education students are not removed from regular classes unless, even with supplemental aids and services, education in regular classes cannot be achieved satisfactorily.
- Nonpublic Special Education School Placements
- Residential IEPs

# Maryland State Department of Education

## **LEA Process for Nonpublic Special Education School Placements**

- Identify need
- Collaborate with MSDE, Division of Early Intervention and Special Education Services (DEI/SES), Nonpublic Special Education Section
- Refer to Local Care Team, as appropriate
- Individualized Education Program (IEP) team finalizes plans
  - The IEP team discusses, and if appropriate, approves the placement

# Maryland State Department of Education

## **LEA Process, continued**

- The LEA submits approved cost sheet and an approved Nonpublic Tuition Assistance Application to the MSDE within 30 days of the student's date of enrollment
- The LEA monitors the student's progress and convenes the IEP team, as needed – at least annually

# Maryland State Department of Education

## **MSDE, LEA & Out-of-State (OOS) Placements**

### Nonpublic Tuition Assistance Program (NTAP) Approval Process

- LEA identifies needs and consults with the MSDE, Division of Early Intervention and Special Education Services (DEI/SES), Nonpublic Special Education Section when considering an out-of-State residential school placement to:
  - Explore alignment of the out-of-State school program with Maryland standards (COMAR 13A.05.02.12 B) (MSDE completes) while simultaneously exploring program appropriateness for the student (LEA completes)
  - Explore the availability of State tuition assistance
  - Confirm the process for out-of-State school placements
- The LEA submits a site visit report to the MSDE, DEI/SES within 30 days of each site visit, as appropriate

# Maryland State Department of Education

## **Home and Hospital Teaching Oversight**

Division of Student Support, Academic Enrichment & Educational Policy  
Student Services and Strategic Planning Branch

Website:

[marylandpublicschools.org/about/Pages/DSFSS/SSSP/HomeHospital/index.aspx](http://marylandpublicschools.org/about/Pages/DSFSS/SSSP/HomeHospital/index.aspx)

Code of Maryland Regulations (COMAR) 13A.03.05 *Administration of Home and Hospital Teaching for Students*



# Maryland State Department of Education

## Home and Hospital Teaching Process

- Parent or guardian provides verification of the physical or emotional condition by the appropriate medical practitioner (as defined in COMAR) to the LEA
- LEA reviews and provides educational services, if those services are not already provided by the hospital
  - LEA may provide direct services or contract with private providers and/or other LEAs

### Each LEA has a Home and Hospital Point of Contact

- Contact information for LEA Home and Hospital Coordinators may be found at:  
<https://marylandpublicschools.org/about/Documents/DSFSS/SSSP/HomeHospital/HomeHospitalContactList.pdf>

# Maryland State Department of Education

## Home and Hospital Technical Assistance

- Division of Student Support, Academic Enrichment & Educational Policy
  - *Frequently Asked Questions Regarding Home and Hospital Teaching*
  - <https://marylandpublicschools.org/about/Documents/DSFSS/SSSP/HomeHospital/MDHome-HospitalFAQ-091421.pdf>
- Division of Early Intervention and Special Education Services
  - Technical Assistance Bulletin #18-01: *Home and Hospital Teaching, Supplement on Students with Disabilities* (This bulletin is provided as a supplement to the document, *Frequently Asked Questions Regarding Home and Hospital Teaching*, MSDE, Division of Student Support, Academic Enrichment & Educational Policy)
  - <https://marylandpublicschools.org/programs/Documents/Special-Ed/TAB/18-01-HomeHospital.pdf>

# Maryland State Department of Education

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# Developmental Disabilities Administration

## Vision

People with developmental disabilities will have full lives in the communities of their choice where they are included, participate, and are active citizens.

## Mission

Create a flexible, person-centered, family-oriented system of supports so people can have full lives.

# Developmental Disabilities Administration



DDA focuses on:

- Self-Determination
- Self-Advocacy
- Supporting Families
- Independent Living
- Employment
- Assistive Technology

# Developmental Disabilities Administration

## Supporting Families

- To support families, DDA has representatives at each of the 24 LCTs to offer resources to families of children with intellectual and developmental disabilities
- The LCT coordinator will contact the DDA regional office staff representative if the family reports that DDA services are needed or the youth is currently involved with the agency

# Developmental Disabilities Administration

## Local Care Team Referrals

- LCT referrals from hospitals are reviewed by the DDA representative who will determine if the child is known to DDA and eligible for DDA-funded support services
- The DDA representative will contact family to determine what services are needed and begin the person centered planning process
- DDA Regional Director will contact the Director of Children's Services as needed

# Developmental Disabilities Administration

## Family Supports Waiver

- DDA offers a variety of support services to children ages birth-21 years through the Family Supports Waiver
- [https://health.maryland.gov/dda/Pages/Family\\_Supports\\_Waiver\\_Services.aspx](https://health.maryland.gov/dda/Pages/Family_Supports_Waiver_Services.aspx)



# Developmental Disabilities Administration

## DDA Support Services

- Assistive Technology and Services
- Behavior Support Services
  - Assessment
  - Consultation
  - Development of Behavior Plan
  - Brief Support Implementation
- Camp
- Environmental Assessment & Modification
- Family and Peer Mentoring Supports
- Family Caregiver Training and Empowerment
- Housing Supports
- Nursing Case management and Delegation
- Participant Education, Training, and Advocacy
- Personal Supports
- Remote Support Services
- Respite Care Services
- Transition Services
- Transportation
- Vehicle Modification

# Developmental Disabilities Administration

## DDA Eligibility

- DDA accepts applications for persons at any age/time
- Eligibility for services does not mean that the DDA is able to provide funding to address the child's needs
  - It means that when designated funding for your priority category is available and the child has the greatest need, their CCS will be informed and will assist with the DDA Waiver application process
- DDA services are provided based upon “eligibility” for services, priority for services, and the availability of funding

# Developmental Disabilities Administration

<u>Regional Office</u>	<u>Counties Served</u>	<u>Phone</u>
<b>Central</b> DDA Intake and Eligibility Contact 1401 Severn Street, Baltimore, MD 21230	Anne Arundel, Baltimore City, Baltimore County, Harford, Howard	410-234-8200 TDD: 877-874-2494
<b>Eastern</b> DDA Intake and Eligibility Contact 926 Snow Hill Road, Building 100, Salisbury, MD 21804	Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester	410-572-5920 TDD: 1-800-735-2258
<b>Southern</b> DDA Intake and Eligibility Contact 312 Marshall Avenue, 7th Floor, Laurel, MD 20707	Calvert, Charles, Montgomery, Prince George's, St. Mary's	301-362-5100 TDD: 1-888-207-2479
<b>Western</b> DDA Intake and Eligibility Contact 1360 Marshall Street, Hagerstown, MD 21740	Allegany, Carroll, Frederick, Garrett, Washington	301-791-4670 TDD: 1-888-791-0193

# Developmental Disabilities Administration

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# Department of Juvenile Services

## **Vision**

Successful Youth, Strong Leaders, Safer Communities.

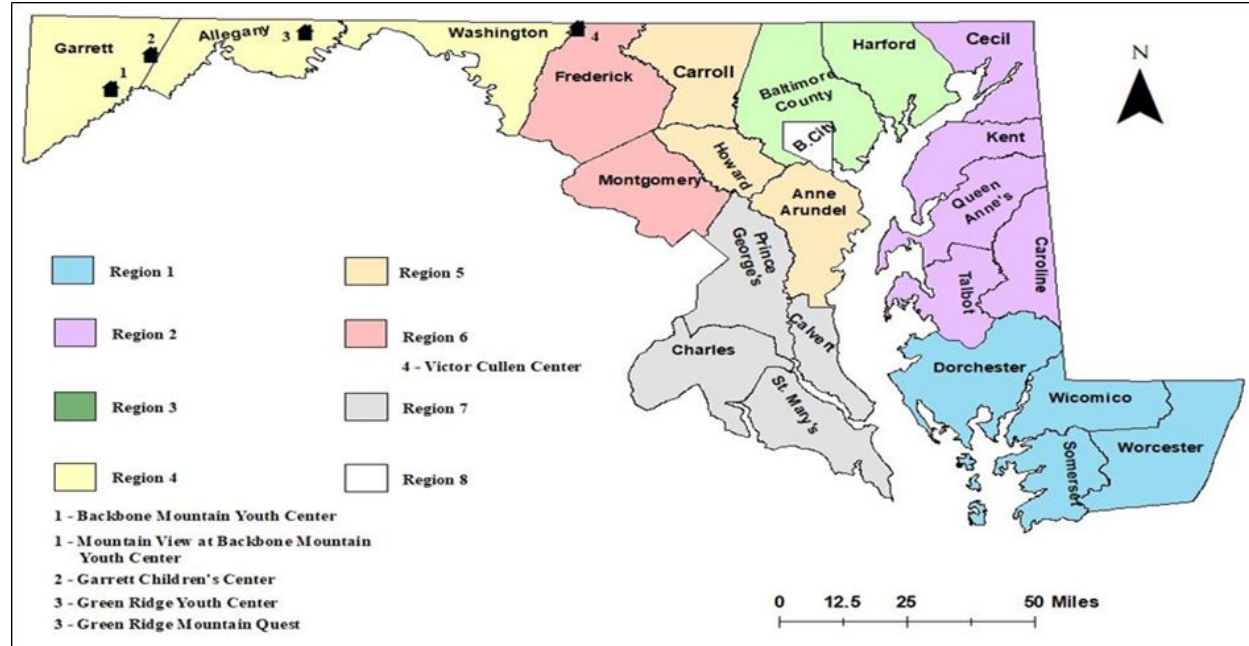
## **Mission**

By law, The Department of Juvenile Services is a child-serving agency responsible for assessing the individual needs of referred youth and providing intake, detention, probation, commitment, and after-care services.

The Department of Juvenile Services collaborates with youth, families, schools, community partners, law enforcement, and other public agencies to coordinate services and resources to contribute to safer communities.

# Department of Juvenile Services

- Statewide System
- Operate Detentions
- Operate Committed Programs



# Department of Juvenile Services

- Who: Youth who come in conflict with the law
- Decision Points
  - Intake
  - Detention
  - Disposition
  - Reentry

# Department of Juvenile Services

- DJS provides a recommendation to the court about the level of care that a youth should receive. The court then decides on a level of care and the department finds a program to best meet that youths needs within that level of care.
- Level of care recommendations are made at the local level.
- Depending on where the youth is in the court process will determine who the hospital is working with.

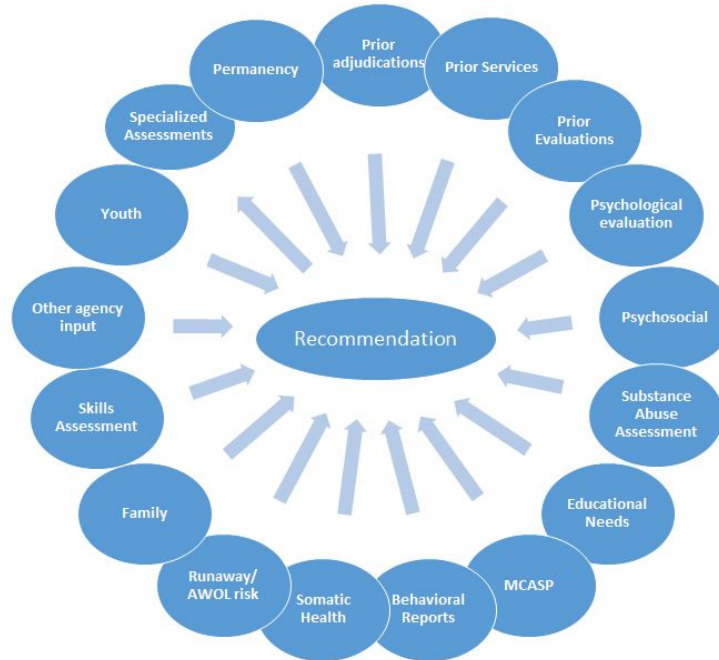


# Department of Juvenile Services

## *Multidisciplinary Staffing Team*

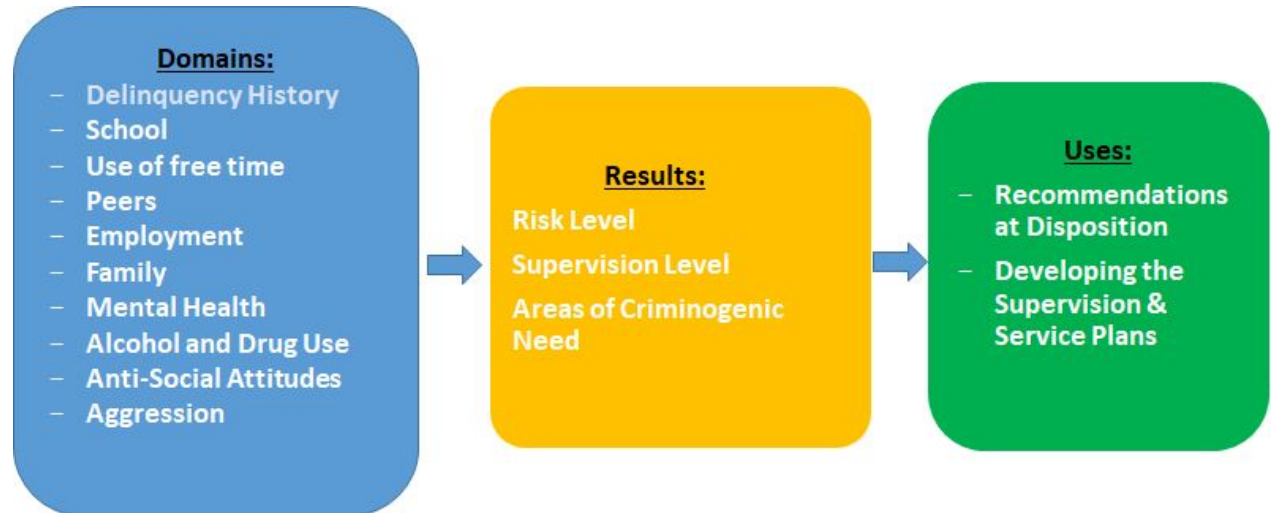
*A specialized diagnostic team responsible for assessing youth who are detained pending court disposition and are at risk of out-of-home placement.*

*MAST develops a report for the juvenile court to consider at disposition, including security and treatment recommendations.*



# Department of Juvenile Services

MCASP provides an integrated, evidence-based screening and assessment instrument; automated service planning tools; and research-supported practices, such as motivational interviewing.



# Department of Juvenile Services

## **Level I – Community Residential**

- Traditional Foster Care, Treatment Foster Care
- Group Home, Therapeutic Group Home
- Independent Living

## **Level II – Staff Secure Residential**

- Group Home, Therapeutic Group Home with on-grounds School\*
- Residential Treatment Center
- Treatment Program (e.g., Youth Center)

## **Level III – Hardware Secure Residential**

- Hardware Secure Residential Treatment Center (Medicaid)
- Hardware Secure Treatment Program (e.g., VCC)

# Department of Juvenile Services

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# Department of Human Services

The State's primary social service provider. The Department, through its 24 local departments of social services, assists people in economic need, provides preventive services, and protects vulnerable children and adults in each of Maryland's 23 counties and Baltimore City.

## **SOCIAL SERVICES ADMINISTRATION**

- Child Welfare Services
  - Prevention
  - Protection
  - Preservation
  - Placement
  - Permanency
- CQI and Practice Innovations
- Wellbeing
- Adult Services
- Operations

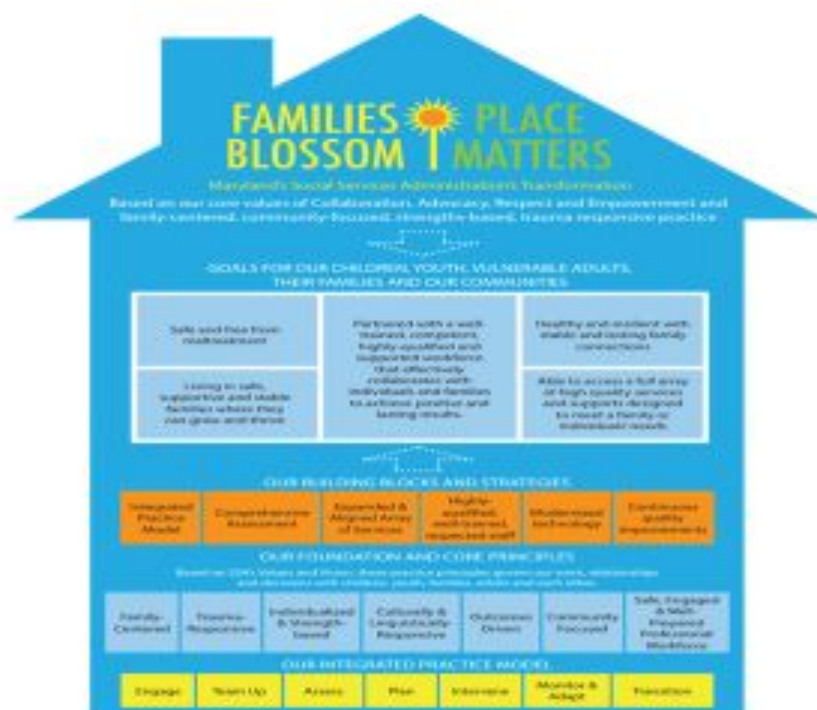
## **FAMILY INVESTMENT ADMINISTRATION**

- Cash Assistance
- SNAP
- Workforce Development
- Eligibility Services
- Refugee Assistance

## **CHILD SUPPORT ADMINISTRATION**

- Child Support payment enforcement from non-custodial parents

# Department of Human Services: **Strategic Direction**



SSA envisions a Maryland where families blossom by strengthening families so that children, youth, and individuals are:

- Safe and free from maltreatment
- Able to access a full array of high-quality services to meet their needs
- Able to live in safe, supportive and stable families to grow and thrive
- Partnered with well-trained, competent, high quality and supportive workforce that collaborates with families to achieve positive results
- Healthy and resilient with stable lasting family connections

# Department of Human Services: Protective Services

Engage families and vulnerable adults in a comprehensive assessment of safety and risk. These practices include:

- Promptly responding to allegations of reports of abuse and neglect and informing individuals about roles, processes, and expectations.
- Conducting quality risk and safety assessments.
- Determining what services or plans for care are required to support the family as well as protect a child, youth or vulnerable adult.
- Initiating services as appropriate to promote safety, reduce future risk, and remedy past abuse or neglect.



# Department of Human Services: Family Preservation & Foster Care Services

## ○ Family Preservation:

- Services and supports to families that enhance a caregiver's ability to create a safe and stable home and preserve their family unit.
- Intended to be short-term and family-focused to best assist families, particularly in times of crisis.

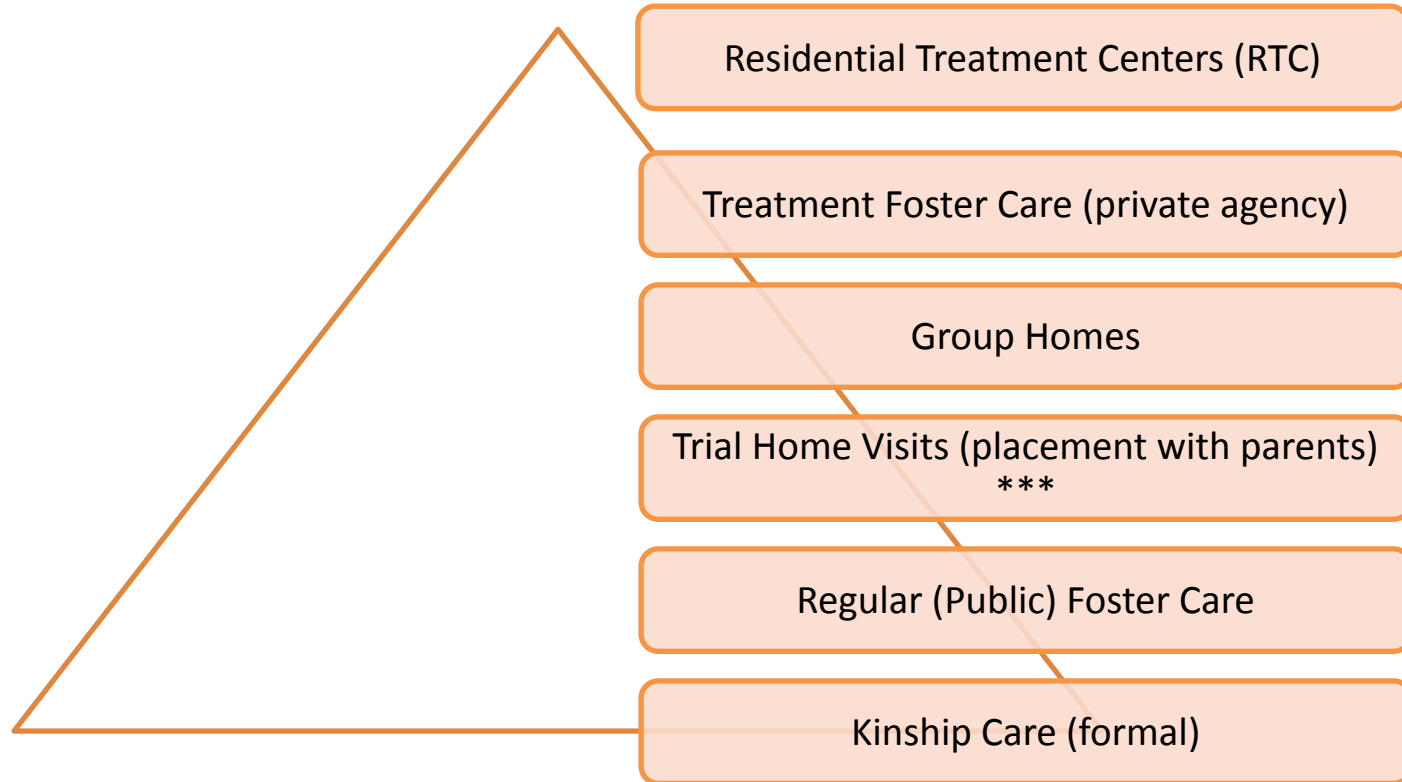
## ○ Foster Care:

- Short term intervention to support children and their families
- Designed to build strength and resolve problems that caused the separation
  - Separation from your home and family, despite the reason, is traumatic for all parties involved.
- Children may live with relatives (kin and fictive kin), unrelated resource parents or settings such as group homes, residential care facilities, emergency shelters, and supervised independent living





# Department of Human Services: Types of Placements



# Department of Human Services:

## Role of State vs. Local



**State:** The central office (SSA) is responsible for ensuring the following:

- Transitioning all youth in DHS care eligible for hospital discharge to a clinically appropriate placement.
- Assisting the LDSS with any barriers/challenges as it relates to hospital discharge.
- Assisting with the coordination of hospital discharge planning with other state entities such as MDH and DJS.

**Local:** The Local office (LDSS) is responsible for the ensuring the following:

- Communication with the hospital regarding discharge planning
- Attendance at all treatment planning meetings
- Coordination with families of origin regarding the youth's treatment planning
- Obtain appropriate documentation from the hospital regarding the recommended level of care.

# Department of Human Services

## LDSS Leadership Contacts

- **The Hospital Staff should contact the LDSS staff when initiating discharge planning for youth.**

## SSA Placement Contacts

- Tennille Thomas, Deputy Executive Director
  - [tennille.thomas@maryland.gov](mailto:tennille.thomas@maryland.gov)
- DebraLynn Pierson, SSA Placement Supervisor
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- Sheila Garrett, SSA Placement Analyst
  - [sheila.garrett@maryland.gov](mailto:sheila.garrett@maryland.gov)



# Department of Human Services

## Agency Involved vs. Multi Agency Involved



### Agency Involved

- The LDSS is responsible for communicating with the hospital regarding a youth's treatment during their stay.
- Under a Voluntary Placement Agreement, the family of origin (caregiver) is the person responsible for communicating regarding a youth's treatment during their stay.

### Multi Agency Involved

- For co-committed youth, both DHS and DJS are responsible for coordinating care during a youth's hospital stay.
- In some instances, DHS and DJS may split the cost of a youth's recommended placement.

# Department of Human Services

## Voluntary Placements (VPA)

- A VPA shall only be appropriate when a child is assessed to have a high level of clinical need that require residential interventions that cannot be provided in the home and either:
  - The local school system's Individualized Education Program (IEP) team has not agreed to the need for a non-public school placement.

Or,

- A youth is recommended to a DHS funded residential service program licensed to serve children with a developmental disability.
- Maryland Department of Human Services VPA Policy and Fact Sheet: [Children with Disabilities VPA Policy](#)

# Department of Human Services: Interstate Compact on the Placement of Children (ICPC)

## What is ICPC?

- Required in every state to support the placement of children in other states
- Designed to ensure, regulate and safeguard the protections and services to:
  - A Maryland child placed outside of Maryland into another State and Children from other states placed in Maryland
- Laws relating to home studies, post-placement services and permanency planning apply to any child placed in Maryland

## Types of Placements Covered

- Placements preliminary to an adoption
- Foster care Placements:
  - Resource Homes
  - Group Homes
  - Residential Treatment Facilities and Institutions
- Relative/Kin Placements when a parent or relative is not making the placement
- Placements of adjudicated delinquents in institutions and other states

# When does ICPC Apply?

ICPC Compact referral is mandatory (COMAR 07.02.11.28 - Out of State placement) whenever a case involves:

- a Maryland child that is under the Maryland court's jurisdiction (e.g., Order of Protective Supervision, Order Controlling Conduct, Shelter Care Authorization, Commitment status, Guardianship to the Agency, etc.);
- The natural parent's or non-agency guardian's rights regarding the child have been limited or restricted by a court's order, usually to ensure the child's protection; AND
- the child is proposed to be placed across State lines.

# When does ICPC Not Apply?

Parents placing child across state lines where LDSS does not have care and custody of child

Placements in a medical facility for acute short-term illness treatment

Placements in an educational institution or boarding school

Placements with non-offending parents if Court terminates jurisdiction at time of placement & custody transfer and does not require home study



# Department of Human Services Resources and/or Partnerships



- **Maryland Department of Health Developmental Disabilities Administration:** [Maryland Autism Waiver Program](#)
- **DDA Adult Program Waiver**
  - A DHS committed or VPA youth may be waived for DDA to provide services prior to a youth's 21st birthday. This waiver allows a youth to be placed in a adult DDA community based program via a waiver. DHS remains financially responsible for the placement until the youth's 21st birthday.
- **DDA Family Supports Waiver:** [Family Supports Waiver](#)
- **Maryland Department of Health Behavioral Health Administration Transitional Aged Youth Programs:** [TAY Programs](#)

# Department of Human Services

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